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Rossano Compagnucci

Additional name(s) of conveying party(ies) attached? ☐ Yes ☒ No

3. Nature of conveyance:

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☐ Security Agreement ☐ Change of Name
☐ Other _____

Execution date: 10 January 2002

2. Name and address of receiving party(ies)

Name: COMPAGNUCCI - S.P.A.

Internal Address: _____

Street Address: Via Scarpata Alta, 57City: Santa Maria Nuova (AN) Country: ITALY ZIP: 60030Additional name(s) & address(es) attached? ☐ Yes ☒ No

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application date is: January 23, 2002

A. Patent Application No.(s)

B. Patent No.(s)

Additional numbers attached? ☐ Yes ☒ No

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: Robert M. Gamson, EsquireInternal Address: LEONARD BLOOM & ASSOCIATES, LLCStreet Address: 502 Washington AvenueSuite 220City: Towson State: MD ZIP: 21204

6. Total number of applications and patents involved:

1

7. Total fee (37 CFR 3.41).....\$ 40.00☒ Enclosed☒ Authorized to be charged to Deposit Account No. 02-2839 if additional fees are required.

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Mail documents to be recorded with required cover sheet information to:
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Washington, DC 20231

201	FULL NAME OF INVENTOR	FAMILY NAME Compagnucci	FIRST GIVEN NAME Rossano	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Osimo (AN)	STATE OR FOREIGN COUNTRY ITALY	COUNTRY OF CITIZENSHIP ITALY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Via Flaminia 11, Osimo (AN), ITALY 60027		
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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SIGNATURE OF INVENTOR 201

DATE 10 GEN. 2002

SIGNATURE OF INVENTOR 202

DATE _____

SIGNATURE OF INVENTOR 203

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